TO: All Outpatient Psychiatric, Outpatient Rehabilitation [including Comprehensive Outpatient Rehabilitation (CORF)], Durable Medical Equipment (DME), Orthotic, Home Health, Physicians, and Non-Emergency MRI, PET, and CAT Scan, Service Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
        Department of Medical Assistance Services

MEMO: Special

DATE: 2/14/2007

SUBJECT: Updates and Clarification of the Prior Authorization Process for Outpatient Services

The purpose of this memorandum is to provide periodic updates, clarification, and steps for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs.

Helpful Submission Tips for Quickest Processing
Following are additional tips to expedite the processing of your request:

- To prevent illegible requests, providers are encouraged to use the editable versions of the DMAS 363 (Outpatient Prior Authorization Request Form), for submission of your outpatient requests. This form and instructions for use are located under "forms" on KePRO's website http://dmas.kepro.org.

- Be sure to complete the Contact Information. Sometimes one item is missing from the request and a phone call back to the contact person could clear it up quickly.

- Please note clearly on your fax coversheet or any document faxed when you are submitting "Additional Information". This will help get information to the right person and reduce the likelihood of the case being delayed.

- When faxing multiple cases, limiting faxes to three cases per fax, whenever possible, helps to minimize delays.

- The following Outpatient PA Service Types should be used to expedite your outpatient request:
  - ☐ Outpatient Psychotherapy – 0050
  - ☐ Orthotics (EPSDT) – 0092
  - ☐ Outpatient Rehabilitation – 0204
  - ☐ Home Health – 0500
  - ☐ NEOP (non-emergent outpatient scans)
    - › Magnetic Resonance Imaging (MRI) – 0450
    - › Computerized Axial Tomography (CAT) – 0451
    - › Positron Emission Tomography (PET) – 0452

- Outpatient Psychotherapy providers need to submit the frequency of sessions for each service requested. The reviewer needs the frequency of sessions to determine the number of units to approve.

- When submitting requests for Outpatient Psychotherapy, include goals and objectives, the plan of care, the date the plan of care was last updated and signed, the frequency of visits required and the duration of treatment expected. If this is a concurrent review, a report of progress relating to the last five sessions is also needed.

- The following Outpatient Psychotherapy codes **do not** require prior authorization: 90801, 90862, 90870, 96100, 96101, 96116, 96118, and 96119. Please do not submit requests for these codes/services to KePRO.

- Some of the DME (Durable Medical Equipment) codes may have changed effective January 1, 2007 as a result of Centers for Medicare and Medicaid Services' (CMS) decision. An updated Appendix B will soon be posted in the DME Provider Manual listing and on the DMAS website.

- Be sure to fill out the Severity of Illness and the Intensity of Service fields. Do not send nursing notes without completing those two fields.

- For Home Health and Outpatient Rehab, there should be only ONE 60 day certification period entered per case ID number. Please do not submit new plans on the same case ID, same PA number.

- Remember timeliness guidelines and be sure to submit requests **prior** to rendering services. Untimely submission could cause a denial of part or all of the service requested.

- Provide as much information as possible; if there is a caregiver that will be learning to do the care etc., please provide this information.

- Please be sure to indicate the frequency of the visits.

Resource Information

- Use the DMAS 363 (Outpatient Prior Authorization Request Form) for submitting outpatient requests. This form and the instructions for using the form are located under "forms" on KePRO's website http://dmas.kepro.org or www.dmas.virginia.gov/pr-prior_authorization.htm.

- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to **providerissues@kepro.org** or **PAUR06@dmas.virginia.gov**. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.

- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 if you are located out-of-state or 804-786-6273 if you are located in Richmond.

KePRO Contact Information You may contact KePRO through the following methods: **iEXCHANGE: http://dmas.kepro.org/** **Toll Free Phone:** 1-888-VAPAUTH (1-888-827-2884) **Local Phone:** (804) 622-8900 **Fax:** 1-877-OKBYFAX (1-877-652-9329) **Mail:** 2810 N. Parham Road, Suite 305, Richmond, VA 23294 **Provider Issues:** ProviderIssues@kepro.org	**DMAS and KePRO Website Resources** *The following resources are available on the DMAS and KePRO websites:* 1. iEXCHANGE Registration information 2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes 3. Recent PA provider training presentations 4. Prior Medicaid Memos 5. PA Fax Request Forms and Instructions 6. PA Reference Guides 7. KePRO "Insider" Provider newsletter

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at http://dmas.kepro.org/.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers.   If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.